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Diane Dunn McKay

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Lutz, O. et al.

Serial No. 09/488,298

Filed: January 20, 2000

For: NOVEL PODOPHYLLO-
TOXIN COMPOSITIONS

Group Art Unit: 1617
Examiner: Kim, J.

Commissioner for Patents
Box: DAC
Washington, D.C. 20231

RECEIVED

APR 12 2002

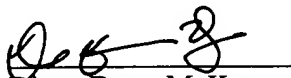
OFFICE OF PETITIONS

REQUEST FOR A THREE- MONTH EXTENSION OF
TIME PURSUANT TO 37 C.F.R. SECTION 1.136(a)

Sir:

Applicants respectfully request a three-month extension of time, up to and including February 22, 2002 in which to file a response to the Office Action mailed August 22, 2001. Applicants have already paid a fee in the amount of \$110 for a one-month extension of time. Accordingly, a fee in the amount of \$350 (representing \$460 for a three-month extension of time minus \$110 which was already paid) for a three-month extension is enclosed. If any additional fees are required, the Commissioner is authorized to charge Deposit Account No. 13-2165.

Respectfully submitted,


Diane Dunn McKay
Reg. No. 34,586
Attorney for Applicant

04/11/2002 AWONDAF1 00000030 09488298

02 FC:217

350.00 DP

Adjustment date: 07/08/2002 AKELLEY

04/11/2002 AWONDAF1 00000030 09488298

02 FC:217 -350.00 DP

Repln. Ref: 07/08/2002 AKELLEY 001301100

DAB:132165 Name/Number:09488298

FC: 704

\$350.00 CR

MATHEWS, COLLINS, SHEPHERD & McKAY
100 Thanet Circle, Suite 306
Princeton, NJ 08540
(609) 924-8555 - Telephone / (609) 924-3036 - Facsimile

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/28/02</u>		2 Serial/Patent # <u>09/488,298</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	17	4/10/02	\$ 350.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 350.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">5</td> </tr> </table>			1	3	--	2	1	6	5
1	3	--	2	1	6	5					
<div style="font-family: cursive; font-size: 1.2em;">maximum period on extension expired</div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLEMA GRANT</u>		TITLE: <u>ATTORNEY</u>									
SIGNATURE: <u>Charlema Grant</u>		PHONE: <u>806-0251</u>									
OFFICE: <u>Patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Ulrich Kelly</u>		DATE: <u>7/8/12</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: